

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____	
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT: Date of birth: _____ California Dept. of Corrections No. (if applicable): _____	
NOTICE OF APPEAL—FELONY (DEFENDANT) (Pen. Code, §§ 1237, 1538.5(m); Cal. Rules of Court, rule 8.304)	CASE NUMBER(S): _____

NOTICE

- If your appeal challenges the validity of the plea you must complete the *Request for Certificate of Probable Cause* on the other side of this form. (Pen. Code, § 1237.5.)
- You must file this form in the superior court within 60 days after entry of judgment.

1. Defendant (*name*): _____
appeals from the order or judgment entered on (*specify date of order, judgment, or sentence*): _____
2. This appeal follows:
 - a. ☐ A jury or court trial. (Pen. Code, § 1237(a).)
 - b. ☐ A contested violation of probation. (Pen. Code, § 1237(b).)
 - c. ☐ A guilty (or no-contest) plea or an admitted probation violation (*check all boxes that apply*):
 - (1) ☐ This appeal is based on the sentence or other matters occurring after the plea. (Cal. Rules of Court, rule 8.304.)
 - (2) ☐ This appeal is based on the denial of a motion to suppress evidence under Penal Code section 1538.5.
 - (3) ☐ This appeal challenges the validity of the plea or admission. (*You must complete the Request for Certificate of Probable Cause on the other side of this form.*)
 - d. ☐ Other (*specify*): _____
3. ☐ I request that the court appoint an attorney on appeal. Defendant ☐ was ☐ was not represented by an appointed attorney in the superior court.
4. Defendant's address: ☐ same as in attorney box above.
☐ as follows: _____

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF DEFENDANT OR ATTORNEY)

